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**Office of Small and Disadvantaged Business Utilization**

CONFERENCE INVITATION REQUEST

**\* INDICATES A FIELD THAT MUST BE COMPLETED BEFORE A DECISION REGARDING VA PARTICIPATION CAN BE MADE.**

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| **General Event Information** | | |
| **\* Event Title:** Click here to enter text. | | |
| **\* Event Date:** Click here to enter a date. | | |
| **\* Start Time:** Click here to enter text. | **\* End Time:** Click here to enter text. | |
| **\* Location & Address:** Click here to enter text. | | |
| **\* City:** Enter event city. | **\* State:** Enter event city. | **\* Zip Code:** Click here to enter text. |
| **\* Purpose/Objective of Event:** Click here to enter text. | | |
| **\* Type of Event:**  Choose an item. | **Other:** Click here to enter text. | |
| **\* Event Frequency:** Choose an item. | | |
| **\* Event Website:** | | |
| **\* Event Description:** Click here to enter text. | | |
| **Confirmation Requested By:** Click here to enter a date. | | |

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| **Event Sponsor and POC Information** | |
| **\*Sponsor:** Click here to enter text. | |
| **\* Point of Contact:** Click here to enter text. | |
| **\* Email:** Click here to enter text. | **\* Phone:** Click here to enter text. |
| **Additional POCs:** Click here to enter text. | |

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| **Audience Information** | | | | |
| **\*Estimated number of attendees:** Click here to enter text. | | | | |
| **Characteristics of the Audience (VOSBs, WOSBs, Small Businesses, etc. Check all that apply)?** | | | | |
| SDVOSBs | VOSBs | | HUBZone | Other Small Businesses |
| WOSBs | Small Disadvantaged Business (SDB), including 8(a) | | Other  \_Click here to enter text.\_\_\_\_\_\_ | |
| **What is your industry focus?** Click here to enter text. | | | | |
| **What good and services do they provide?** Click here to enter text. | | | | |
| **\* Estimated number of VOSB attendees:**  Click here to enter text. | | **Estimated number of WOSB attendees:**  Click here to enter text. | | |
| **Estimated number of HUBZone attendees:** Click here to enter text. | | **Estimated number of Small Businesses:**  Click here to enter text. | | |
| **\* Will sponsor provide data on attendance for vendors in VA verification database?** Choose an item. | | | | |

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| **Event Participation** | |
| **Congressional Participation (Name, House, Senate, District) or Affiliation:** | Click here to enter text. |
| **\* Please identify all VA offices invited to participate in this event:**  Click here to enter text. | |

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| **Proposed OSDBU Participation** | | |
| **\* Type of Support Needed (Check all that apply?):** | | |
| **Speaker** | **Panel Member** | **Matchmaking** |
| **Exhibitor** | **Counselor** | **Other** Click here to enter text. |
| **Pre-Application Workshop** | **On-Site Verification Assistance Pilot** |  |

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| ***Fill in this section if you are requesting a speaker.*** | |
| **Speaker Requested (if known):** Click here to enter text. | |
| **Topic:** Click here to enter text. | **Speaking Time (h:mm-h:mm):**  Click here to enter text. |
| **Speaking Duration:**  Click here to enter text. |
| **Slide Deck Necessary: Yes  No** | |
| **Recommended Slide Number:** Click here to enter text. | |
| **Speaker Bio Needed?** Choose an item. | **Speaker Photo Needed?** Choose an item. |

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| ***Fill in this section if you are requesting a panelist.*** | |
| **Panelist Requested (if known):**  Click here to enter text. | **Panel Time:**  Click here to enter text. |
| **Panel Moderator:** Click here to enter text. | **# of Panelists:**  Click here to enter text. |
| **Panel Topic(s):** Click here to enter text. | |
| **Length of VA Panelist Remarks:**  Click here to enter text. | |
| **Recommended Slide Number:** Click here to enter text. | **Will there be questions provided in advance?**  Choose an item. |
| **Panelist Bio Needed?** Choose an item. | **Panelist Photo Needed?** Choose an item. |

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| ***Fill in this section if you are requesting an exhibit.*** |
| **Exhibit Type:** Click here to enter text. |
| **Requested Exhibit Focus:** Click here to enter text. |
| **Charge to Exhibit:** Click here to enter text. |
| **Any exhibit parameters?** Click here to enter text. |

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| **Event Logistics:** | |
| **\* Indicate Available Equipment (Check all that apply.):** | |
| **Handheld Microphone** | **Lapel Microphone** |
| **Laptop/Computer** | **Projector** |
| **Podium** | **Remote to move slides.** |
| **Someone will be available to flip slides.** | **Speaker/Panelist will be expected to flip his/her own slides.** |
| **Other:** Click here to enter text. | |
| **Indicate Floor Layout (Check one.):** | |
| **Auditorium** | **Conference Room** |
| **Other** Click here to enter text. | |

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| **Registration Information:** | |
| * **Registration Cost:**   Click here to enter text. | * **Cost for Booth:**   Click here to enter text. |
| **Registration Deadline:**  Click here to enter a date. | **\* Is registration necessary?** Choose an item. |

**Additional Information**

**If you have any additional information that you would like for OSDBU to be aware of, please enter it below.**

Click here to enter text.

**Please attach the Event Agenda and Schedule to this document. If an Agenda is not available, please provide an overview of the event?**

Click here to enter text.